

**PROPOSAL FORM -
MOTOR DEALERS PACKAGE POLICY**



Registered and Corporate Office : Office No. 103, 1st Floor, Akruti Star, MIDC, Andheri (East), Mumbai - 400 093, Maharashtra, India
Tel. : 022-41659800 / 69639900, Email : contactus@universalsompo.com

Important: This proposal for insurance will be the basis of underwriting your proposal and policy issuance. It is mandatory to provide any material information regarding the risks proposed that is known to you/ deemed to be known to you, accurately. All of the questions contained in this proposal must be answered in good faith by the proposer. Any non-disclosure or misdescription can make this policy null and void ab initio. Any doubt should be clarified taking help of company representatives. If there is insufficient space in this proposal for you to provide relevant information, whether as requested or otherwise, please attach a separate sheet to this proposal and return it to us. The property proposed for insurance is not covered until the proposal is accepted and premium paid in full.

Intermediary Name, Contact No, Code & Email		Intermediary Sales Persons Name, Contact No & Code	
Source Code/POS UID Aadhar No./PAN		Policy Issuing Office Address & Code	

1) Name of the Dealer	
2) Address of the Dealer:	(Showroom)
	(Workshop)
	(Bodyshop)
3) Phone Number	
4) Email id	
5) Bank Account No.	
6) Occupation/ Business Activity	
7) Do you wish to cover the interest of any financial institution -if yes, give the names of all financial institutions?	
8) District in which the risk is located	
9) State in which the risk is located	
10) Pin code of the location of risk	
11) Address Proof	Aadhar Card <input type="checkbox"/> Driving License <input type="checkbox"/> Passport <input type="checkbox"/> Voter ID <input type="checkbox"/> Others <input type="checkbox"/>
12) CKYC No	
<input type="checkbox"/> I confirm that there is no change in my existing KYC details which I have shared earlier. In case any change in my KYC details, I undertake to inform you in writing.	
13) Do you have an EIA Account? If Yes, Account Details : _____ If No, I would like to apply for EIA with _____	Karvy <input type="checkbox"/> CAMS <input type="checkbox"/> NSDL <input type="checkbox"/> CSDL <input type="checkbox"/>
Are you a Politically Exposed Person? Yes <input type="checkbox"/> No <input type="checkbox"/> (Definition of PEP: "PEP are individuals who are or have been entrusted with prominent public functions, domestically/in an international organisation /in a foreign country. This would include individuals who have or have had positions of Heads of State or of government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations, important political party officials". "Close relations of PEP: Family members are individuals who are related to a PEP either directly (consanguinity) or through marriage or similar (civil) forms of partnership. Close associates are individuals closely connected to a PEP, either socially or professionally")	
14) Period of Insurance: Start Date (DD/MM/YYYY).	
15) Period of Insurance: End Date (DD/MM/YYYY)	
Note: Please ensure that the policy date and time is on or after the date of payment of premium to us.	

Coverage Proposed (Please fill the relevant sections required, Minimum covers is 3)

Section I: Fire and allied Perils (Building and Contents)

I. BUILDING			
I.1 Nature of construction (Showroom/Workshop/Bodyshop)	Wall	Brick/Concrete/Others (Specify) (_____)	
	Roof	Concrete/AC Sheet/Metallic sheet/Tiles/Others (Specify) (_____)	
I.2 Occupancy (Showroom, Workshop, Bodyshop)	Occupancy: Is the building solely occupied by You	Showroom	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Workshop	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Bodyshop	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If the answer is 'NO'. Please provide complete details of other occupancies.		
Do you own the building		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If you own the Building, please provide the details of Sum to be insured (Reinstatement value)	Super Structure	Rs.	
	Plinth and Foundation	Rs.	

2. CONTENTS

1.3 Sum to be insured for contents	Saleable Vehicles/Vehicles in custody (Market Value i.e. Procurement value) (For Vehicles in custody SI according to IDV)	Showroom	Rs.
		Workshop	Rs.
		Bodyshop	Rs.
		Stockyard(open)	Rs.
	Furniture, Fixture, Fittings (Reinstatement Value)	Showroom	Rs.
		Workshop	Rs.
		Bodyshop	Rs.
		Stockyard(open)	Rs.
	Business Equipment/ Electronic equipment (Reinstatement Value)	Accessories Showroom	Rs.
		Plant and machinery, tools, special tools, Spares (Workshop)	Rs.
		Plant and machinery, tools, special tools, Spares (Bodyshop)	Rs.
		Lifts and AC at showroom	Rs.

Values given above should include the values of all assets (belonging to you) lying within the premises. This should include such assets as Compound walls/fence/entrance gates etc.

The sum insured of all items above (other than those of stock) can be either "RIV (Reinstatement Value)" -that is new replacement value or "MV (market value) – that is new replacement value less depreciation. For stocks, the sum insured should represent the market value.

Additional Coverage's/ Clauses Opted	Do you wish to opt for these coverage's	Sum Insured	Remarks
1.4 Earthquake	Yes <input type="checkbox"/> No <input type="checkbox"/>	Rs.	The sum insured as already described above will be considered. Separate values need not be given here.
1.5 Terrorism	Yes <input type="checkbox"/> No <input type="checkbox"/>	Rs.	
1.6 Architects, Surveyors and Consulting engineer's fees. (In excess of 3 % of claim amount).	Yes <input type="checkbox"/> No <input type="checkbox"/>	Rs.	
1.7 Removal of Debris (in excess of 1 % of the claim amount).	Yes <input type="checkbox"/> No <input type="checkbox"/>	Rs.	It needs to be ensured that the sum insured selected shall be less than or equal to 7.5 % of the total sum insured under the policy.
1.8 Rent for alternative accommodation	Yes <input type="checkbox"/> No <input type="checkbox"/>	Rs.	It needs to be ensured that the sum insured selected shall be less than or equal to 10 % of the total sum insured under the policy.
1.9 Omission to insure additions/alterations	Yes <input type="checkbox"/> No <input type="checkbox"/>	Rs.	
1.10 Escalation Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>	Rs.	5 % of the sum insured (other than stocks) as already described above will be considered. Separate values need not be given here.
1.11 If yes, please state the percentage of escalation opted for (maximum percentage that can be opted for being 25 %). This clause is not applicable for stocks.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Rs.	Percentage Escalation opted for: _____

Section 2: Burglary

2.1 What protection is provided to: Doors, Windows, Skylights, ventilators, exhaust fans, lights, air conditioners, trap doors. NB: Mention any specific precautions you have adopted for safeguarding your Property	
2.2 Are the premises guarded by Watchmen? If so by how many and during what Time?	
2.3 Are all valuables secured in a safe(s) outside business hours?	
2.4 How many keys are there to the safe (s) and with whom are they kept?	
2.5 Is the insured location protected by a Burglar alarm system? If yes, please specify.	
2.6 Sum Insured for contents: Salable Items (Market Value) (First loss basis of 25%)	
2.7 Furniture, Fixture, Fitting (Reinstatement Value)(First loss basis of 25%)	
2.8 Business Equipment/Electronic Equipment (Reinstatement Value)(First loss basis of 25%)	
2.9 Business equipment/Electronic equipment (Reinstatement Value)(First loss basis of 25%)	
2.10 Cash in safe: Showroom and workshop (Restricted to one day's collection) (First loss basis of 25%)	
2.11 Other Valuables (please specify) (First loss basis of 25%)	

Section 3: Neon Sign/Glow Sign

3.1 Neon Sign/Glow Sign(Fixed at premises only)	Description/location/Make	
	Dimensions	
	Year of installation	
	Insured Value (Reinstatement value)	

Section 4: Business Interruption

4.1 What was your turnover for last 12 months?	Rs.
4.2 What is the estimated turnover for next 12 months?	Rs.
4.3 What is the estimated net profit for next 12 months?	Rs.
4.4 What is the Sum Insured? (The sum to be insured is estimated Gross Profit for next 12 months which is Turnover less purchases and other variable business expenses)	Rs.
4.5 Do you keep proper books of accounts? Are the books of accounts audited by a Chartered Accountant?	Yes for both/Yes for first question/No
4.6 If yes, give the name and address of the Chartered Accountant	

4.7 What is the indemnity period opted?	Rs.
4.8 Gross Profit To be Covered	

NOTE: Gross Profit is the sum of Net Profit and Standing Charges. All the fixed expenses are to be considered as standing charges.

Additional Perils to be covered/extensions to policy	Do you wish to cover the same by payment of additional Premium	Sum Insured	Remarks
4.9 Losses due to accidental failure of Public electricity/gas/water supply (Please clearly understand the coverage, limitations and price before opting for this extension).	Yes <input type="checkbox"/> No <input type="checkbox"/>		If your answer is yes, further questions will be put forth by us to enable us understand your requirements and appropriately price this extension.
4.10 Do you wish to cover Wages under "Dual Wages Basis". Dual Wages basis means that you do not cover 100 % of your wages for the entire indemnity period. Instead, you cover 100 % of the wages for the initial part of the indemnity period and another selected percentage (say 10%) of the wages for the remaining part of the indemnity period.	Yes <input type="checkbox"/> No <input type="checkbox"/>		If your answer is yes, further questions will be put forth by us to enable us understand your requirements and appropriately price this extension.
4.11 Do you wish to cover the auditor's fees?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
4.12 Do you wish to opt for terrorism cover extension (You can opt for terrorism extension for this section, only if you opt it for the fire section)	Yes <input type="checkbox"/> No <input type="checkbox"/>		
4.13 Do you wish to cover your property located at other situations	Yes <input type="checkbox"/> No <input type="checkbox"/>		If your answer is yes, further questions will be put forth by us to enable us understand your requirements and appropriately price this extension.
4.14 Customers Extension	Yes <input type="checkbox"/> No <input type="checkbox"/>		If your answer is yes, further questions will be put forth by us to enable us understand your requirements and appropriately price this extension.
4.15 Suppliers Extension	Yes <input type="checkbox"/> No <input type="checkbox"/>		If your answer is yes, further questions will be put forth by us to enable us understand your requirements and appropriately price this extension.

Section 5: Money Insurance

5.1 Limit Per Transit (Please indicate the limit required per transit)	Rs.
5.2 Estimated Annual Turnover	Rs.
5.3 Is there a daily written record of Money in transit and is it updated everyday	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 6: Plate Glass

6.1 Plate Glass (Fixed at premises only)	Description and Location	
	Insured value of plain glass (Provided replacement value)	
	The cost of tinting, lettering, Painting, embossing, silvering or any other ornamental work, if proposed to be insured.	

Section 7: Fidelity Guarantee

7.1	Name of the Person	Designation	Nature of Work/activity	Monthly Salary	Amount of cash/stock held by the employee
7.2 Has there been any occasion to question the honesty or conduct of any person proposed for coverage? If yes, please provide details					
7.3 How often are the employees required to account for the money?					
7.4 Are books of accounts balanced every day?					
7.5 Detail the system in place to check that all sums received by employees are accounted for.					
7.6 Have there been any reported losses (whether insured or not) due to fraud or dishonesty of employees, partners during the last 5 years.					

Section 8: Public Liability

8.1 Limit of Liability (Any one Accident and Any one Year) (Maximum amount of Liability is 10 Lakhs)	Rs.
--	-----

Section 9: Workmen Compensation

9.1 Category of Workers/Nature of Work	Number of workers	Annual Wage for all workers in this Category	Security measures to prevent accident Details
9.2 Do you want to include legal liability for contract workman for additional premium?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Number of such workers _____	Nature of work of such workers _____	Provide the Sum Insured Rs _____
9.3 Do you want to cover medical expense (subject to limit 50000 for each workman)	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Number of such workers _____	Nature of work of workers _____	Provide the Sum Insured Rs _____

Section 10: Electronic Equipment

(Only Equipment which is less than 10 years of old from the date of manufacture can be covered. Following details must be provided in respect of each equipment)

10.1 Description of the Equipment	Serial No	Year of Manufacture	Name of manufacturer	Reinstatement Value
10.2 Do you require cover for data media and system software? If so, provide Reinstatement value of data media	Rs _____			
Repurchase cost for system software	Rs _____			
10.3 Do you require cover for reproduction of data lost following identifiable damage to data media? If 'Yes', what is the limit required?	Rs _____			
10.4 Details of breakdown and Repair cost incurred during the last 3 years for the above Equipment:				

Details of losses and claims in last three years for any sections you are opting for (if there was no insurance provide the details of any peril stricken and loss occurred):

Year	Loss Details/Section	Amount of loss/Claim Amount	Other Relevant Details

Payment Details:

Payment Option : Cheque Demand Draft Fund Transfer Pay Order Debit Card Credit Card

Premium Amount Rs. _____ Amount (In Words): _____

For Cheque/DD/PO (Payable in favour of Universal Sampo General Insurance Company Ltd)

Name of the Account Holder:	Instrument Amount (Rs) :
Instrument No.:	Bank A/C No.:
Instrument Date:	Bank Name and Branch:
IFSC Code :	UPI Id :
Type of Account : Saving <input type="checkbox"/> Current <input type="checkbox"/> Other (Please Specify) <input type="checkbox"/>	
Debit / Credit Card No:	Expiry Date:
Fund Transfer/Wallet : _____ Name of Bank/Wallet _____	Transaction No.
PAN Number :	TAN Number :

Note:As per the Regulatory requirements, we can affect payment of the refund (if any) and or claims only through Electronic Clearing System (ECS) / National Electronic Funds Transfer (NEFT) / Real Time Gross Settlement (RTGS) / Interbank Mobile Payment Service (IMPS). If the premium payment mode is other than cheque, please provide your account details as mentioned below for refund purposes.

AML Declaration:

AML Guidelines:

1.I/We hereby confirm that all premiums have/will be paid from bona fide sources and no premium have/will be paid out of proceeds of crime related to any of the offence listed in prevention of Money Laundering Act, 2002.

2.I understand that the company has the right to call for documents to establish the sources of funds.

3.The insurance company has the right to cancel the insurance contract in case I am/have been found guilty by any competent court of law under any of the statues, directly or indirectly governing the prevention of money laundering in India.

4.Nationality: Indian Non-Indian

If Non-Indian, please specify the country _____

Declaration

1. I/We desire to insure with Universal Sampo General Insurance Company Limited in respect of the vehicle as described in this proposal form and confirm that the statements as contained in this application are true and accurate representations to the best of my knowledge.
2. I/We undertake that if any of the statements are found to be false or incorrect, the benefits under this policy would stand forfeited.
3. I/We agree that this application and declaration shall be promissory and shall be the basis of the contract between me/us and Universal Sampo General Insurance Company Limited.
4. I/We confirm that I/We have read and understood the coverages, the terms and conditions and agree to accept the company's policy of insurance along with the said conditions as prescribed by the Company.
5. I/We also declare and undertake that if any additions or alterations are carried out by me/us in this proposal form or if there is any change in the information as submitted by me/us after the submission of this proposal form then the same would be conveyed to Universal Sampo General Insurance Company Limited immediately failing which it is agreed and understood by me/us that the benefits under the policy would stand forfeited.
6. I/We agree that the insurance would be effective only on acceptance of this application by the Company and the payment of the requisite premium by me/us in advance. In the event of non-realization of the cheque or non-receipt of the amount of premium by the Company the policy shall be deemed cancelled 'ab-initio' and the Company shall not be responsible for any liabilities of whatsoever nature under this Policy".
7. I am/We are aware that the complete terms and conditions of this insurance policy are available at the official website of the insurer (www.universalsampo.com).
8. I/We hereby consent to receiving only the certificate and schedule of insurance upon the undertaking of the insurer that the complete policy terms and conditions will be made available free of cost upon my/our request in writing".
9. I/We hereby agree to receive a one pager policy document. I hereby authorize the Company to notify me through email, SMS, or any other electronic mode any information pertaining to my proposal, policy document, claim servicing etc.
10. I hereby authorize the Company to provide me an Electronic Policy Pack. I understand, subscribing to Electronic Policy Pack means, the policy pack will only be sent to my registered email id and no physical policy pack will be sent across.
11. I/We understand that in order to underwrite the policy, Company shall have to share / verify the information provided by me/us with rating agencies, third parties or services providers for the purpose of proposal acceptance, underwriting and issuance of policy thereafter and accordingly I/We authorize the Company to do the same for the purpose of underwriting, policy issuance and servicing of the policy.
12. I/We hereby provide my/our consent in accordance with Aadhar Act, 2016 and Prevention of Money Laundering Act, 2002 including amendments thereafter and Rules/Regulations made thereunder for validating/authenticating my/our Aadhar details and updating the same in all my policies held with the Company.
13. I/ We have read and understood the privacy Policy of our Company at www.universalsampo.com and I hereby unconditionally agree and bind myself to all terms and conditions of your Privacy Policy, as amended, from time to time

Place:

Date:

Signature of Proposer

CKYC Declarations

1. I hereby give consent to Universal Sampo General Insurance Co Ltd to verify and obtain my information through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC
2. I hereby declare that the details furnished above are true and correct to the best of my knowledge/belief and I undertake to inform you in writing with the copy of updated documents in case of any change in my KYC details.

Place:

Date:

Signature of Proposer

INSURANCE ACT 1938, SECTION 41 - PROHIBITION OF REBATES

1. No person shall allow or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind or risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the prospectus or tables of the Insurer.
2. Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Ten Lakhs rupees.

Premium Calculation: (For office use only)

Sections opted (minimum three)	
Net Premium	
GST Tax	

Accepted by: _____

Date and Time: _____

Policy No: _____

Universal Sampo General Insurance Co. Ltd.

Unit No 601/602, A Wing, 6th Floor, Reliable Tech Park, Cloud City Campus, Gut No 31, Mouje Elthan, Thane Belapur Road, Airoli, Navi Mumbai - 400708
Toll Free No : 1800 200 4030 / 1800 22 4030 | Tel No.: 022 41690888/41690999

Insurance is the subject matter of solicitation. For more details on risk factors, terms and conditions please read Policy Documents carefully before concluding a sale. IRDAI or its officials do not involve in activities like sale of any kind of insurance or financial products nor invest premiums. IRDAI does not announce any bonus. Those receiving such phone calls are requested to lodge a police complaint along with details of phone call and number.
CIN: U66010MH2007PLC166770